

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	12/16/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0321-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for left lumbar sympathetic block.

DECISION: **Upheld**

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 12/16/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the lumbar sympathetic block (LSB) due to a lack of medical necessity.

CLINICAL HISTORY:

The injured individual is a 31 year old female with a left ankle injury in _____. She was treated conservatively with a boot, physical therapy (PT), and medications. There is record of a video surveillance from 05/2004 which states she walks in sandals without assistance, walks 3 blocks unassisted, and drove and ran errands. She saw her physician at the same time and stated she felt like she was walking on jello. MRI showed osteochondritis dessicans, electromyogram (EMG) was normal. She had ankle arthroscopy in 11/2004 followed by PT. She then had a recluse brown spider bite on 12/22/2004 for which surgery was recommended and immediately after in 01/2005 her physical therapist and physician note temperature decrease in the left foot, swelling, and pain which has continued and she is diagnosed with complex regional pain syndrome (CRPS) of the left knee at that time. Her podiatrist notes no sympathetic symptoms in 02/2005 and a new patient evaluation by Dr. Strain of 06/2005 and his follow up of 08/2005 states there is "no sign of reflex hyperemia or edema", a normal neurological exam, and normal skin exam. An MRI of 07/2005 showed a joint effusion and grade I sprain. Dr. Randhawa's initial consult of 09/2005 notes only hypesthesia and allodynia in the left foot along with complaints of pain and he diagnoses reflex sympathetic dystrophy (RSD) and requests an lumbar sympathetic block (LSB).

REFERENCE:

Bonica, JJ. Ed. The Management of Pain. Third Edition. Copyright 2000.

RATIONALE:

The injured individual is a 31 year old female with a left ankle injury in _____. She had ankle arthroscopy in 11/2004 followed by physical therapy (PT). She then had a recluse brown spider bite on 12/22/2004 for which surgery was recommended but not done. In 01/2005 her physical therapist and physician diagnosed complex regional pain syndrome (CRPS) but of the left knee, not foot, at that time. Her podiatrist notes no sympathetic symptoms in 02/2005 and a new patient evaluation by a Dr. Strain of 06/2005 and his follow up of 08/2005 states there is “no sign of reflex hyperemia or edema”, a normal neurological exam, and normal skin exam. An MRI of 07/2005 showed a joint effusion and grade I sprain. Dr. Randhawa’s initial consult of 09/2005 notes only hyperesthesia and allodynia in the left foot along with complaints of pain and he diagnosed reflex sympathetic dystrophy (RSD). The diagnosis of CRPS or RSD hinges on multiple factors such as the presence of pain, vasomotor changes, autonomic changes. This injured individual has had CRPS diagnosed by her physical therapist and physician in 01/2005 based on findings of pain and swelling and by Dr. Randhaw in 09/2005 based on findings of pain and hypesthesia with allodynia. No other physicians have found any of this. Also she had a brown recluse spider bite prior to the first mention of RSD which must be taken into account as these can cause severe reactions. Finally, she has essentially insufficient findings to support a diagnosis of CRPS as she is missing edema, temperature changes, color changes, and hair or nail growth changes. Therefore, the lumbar sympathetic block (LSB) is not supported.

RECORDS REVIEWED:

Notification of IRO Assignment dated 11/17/05

MR-117 dated 11/17/05

DWC-60

DWC-73: Work Status Reports dated 03/29/04 through 02/10/05 and two undated

MCMC: IRO Medical Dispute Resolution Prospective dated 11/30/05

MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 11/17/05

Arkansas Claims Management: Letter dated 11/28/05 from Raina Robinson, IRO Coordinator

Dr. Manjit S. Randhawa: Letter dated 11/23/05

Claims Management, Inc.: Independent Review Organization Summary dated 11/22/05

Houston Foot Associates notes (handwritten) dated 11/11/05, 08/05/05

Dr. Manjit S. Randhawa: Progress Note dated 11/02/05

UniMed Direct LLC: Review Determinations dated 10/18/05, 10/05/05

Dr. Manjit S. Randhawa: History and Physical dated 09/28/05

Fairmont Diagnostic Center & Open MRI: MRI left ankle, second opinion, dated 07/26/05

Fairmont Diagnostic Center & Open MRI: MRI left ankle dated 07/26/05

Dr. Donald Stran: Progress Note (handwritten) dated 07/06/05

New Patient History & Physical dated 06/24/05

Texas Pain Institute: Reports dated 05/03/05, 04/05/05, 03/10/05, 02/03/05, 01/06/05

Shepherd Square Podiatry: Team Conference Call note dated 02/07/05 from Anthony LaMarra, D.P.M.

True Chiropractic and Rehabilitation: Nerve Conduction study dated 01/28/05
Dynamic Range of Motion Testing with Norotrack 360 dated 01/12/05
Gregory N. Mrozinski, D.C.: Computerized Dynamic Range of Motion and Functional Evaluation Report dated 01/12/05
Anthony LaMarra, D.P.M.: Office visit note dated 12/28/04
Dynamic Pain & Injury Relief Center: Follow-Up Examinations dated 12/27/04, 11/29/04, 10/29/04 from Ana Ruiz Allison, M.D.
True Chiropractic & Rehabilitation: Office notes dated 12/13/04 through 03/23/05 from Clinton Kinsey, D.C.
True Chiropractic and Rehabilitation: Subsequent & Specific Report dated 12/10/04 from Clinton Kinsey, D.C.
Shepherd Square Podiatry: Handwritten report dated 12/02/04
The Palladium for Surgery: Operative Report dated 11/03/04 from Anthony LaMarra, D.P.M.
The Palladium for Surgery: Discharge Summary dated 11/03/04 from Anthony LaMarra, D.P.M.
The Palladium for Surgery: Anesthesia Record dated 11/03/04
Shepherd Square Podiatry: Office Visit notes dated 11/02/04 through 05/03/05 from Anthony LaMarra, D.P.M.
Dynamic Pain & Injury Relief Center: Initial Examination dated 10/15/04 from Ana Allison, M.D.
Shepherd Square Podiatry: Initial Foot and Ankle Consult dated 10/12/04 from Anthony LaMarra, D.P.M.
Shepherd Square Podiatry: Medical Necessity for Foot/Ankle Orthosis dated 10/12/04 from Anthony LaMarra, D.P.M.
Shepherd Square Podiatry: Letter of Medical Necessity for Cryotherapy and a CPM Machine dated 10/12/04 from Anthony LaMarra, D.P.M.
True Chiropractic and Rehabilitation: Initial Medical Report dated 10/11/04 from Clinton Kinsey, D.C.
Robert J. Kilian, M.D.: Letter dated 10/08/04
Brazosport Memorial Hospital: Radiology Services Report dated 09/23/04
DWC: Payment of Compensation or Notice of Refused/Disputed Claim dated 06/15/04
Howard LaRoche, M.D.: Report dated 05/20/04
Veracity Research Co.: Investigative report for the period 05/03/04 through 05/11/04 from Brad Margheim, Regional Director
Patient Comfort Assessment Guides dated 04/02/04 through 09/29/04
Robert J. Kilian, M.D.: Office notes dated 04/02/04 through 09/24/04
U.S. Healthworks: Established Patient note (handwritten) dated 03/30/04
U.S. Healthworks: Visit Summary dated 03/29/04
U.S. Healthworks: New Patient report (handwritten) dated 03/29/04
U.S. Healthworks: WC Worksheet (handwritten) dated 03/29/04
Brazosport Memorial Hospital: Emergency Department Aftercare Instructions dated 03/26/04
Brazosport Memorial Hospital: Emergency Department Work/School Excuse dated 03/26/04
Employer's First Response of Injury or Illness dated 03/25/04
Dr. Clinton N. Kinsey, D.C.: Undated letter regarding change of treating doctor

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

16th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____